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ABSTRACT

The paper relates the development of childhood behavior problems to a developmental theory of the acquisition of psycho-social skills in children. The influence of Eric Erikson (1950) on the ideas expressed is acknowledged. It is stated that each of the major types of behavior problems (withdrawal, impulsivity, dependence) results from a major disruption at a specific point in a child's psycho-social development, and that to understand the meaning of the behavior problems evidenced, it must be determined where the process of psycho-social development has broken down. Described in detail are the following three stages of development: the development of basic trust (birth to 18 months of age), the process of socialization (18 months to 4 years of age), and the development of independent (4 to 10 years of age). (KW)

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CHILDHOOD BEHAVIOR PROBLEMS AS THEY RELATE TO A DYNAMIC MODEL OF PSYCHO-SOCIAL DEVELOPMENT

By

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Introduction

In the past several years there have been many attempts at devising models of mental illness that have contributed to the understanding of the development of severe behavior problems in children. One such contribution has been the emergence of a rather clearly defined picture of the dimensionality of disturbed behavior even though these attempts at model building have been made from very different theoretical positions and they have utilized very different methodological procedures.

Karen Horney (1945), a leading neo-Freudian psychoanalyst during the 1940's and 1950's, developed a theory of personality that included three basic social role orientations: turning away from others; turning against others; and turning toward others. Horney theorized that the mentally healthy individual engages in all three of these role orientations, selecting the appropriate role to meet the demands placed upon him by his immediate social milieu.

Problems arise for an individual in his interpersonal relationships when he is unable to use all three of these role orientations and tends to depend upon one, to the exclusion of the others. For example, the role orientation of turning away from others is clearly not appropriate in many interpersonal situations, and the individual who has only this role to turn to, obviously, must be quite restricted in his ability to relate to others. Karen Horney's attempt to develop a model of mental illness was based substantially upon her own clinical practice and has had considerable influence on the thinking of many contemporary practicing professionals who have had to face the classificatory problems of mental illness in their clinical work.

Another approach to model building has been that utilized by a number of social scientists who have employed the statistical techniques of factor analysis. In a study representative of this approach, Phillips and Rabinovitch (1958) factor analyzed a long list of symptoms portrayed by a large number of hospitalized VA patients. The factor analysis yielded three major factors which the authors labeled: 1) avoidance of others; 2) self-indulgence and turning against others; and 3) self-deprivation and turning against the self. These three factors correspond rather

closely to the three role orientations described by Horney and represent an interesting check on the validity of her conception of mental illness. These results have been replicated by other researchers using similar statistical procedures (Digman, 1963; Peterson, et al, 1961).

There have been less systematic attempts to develop models of childhood behavior problems, typically by practicing clinicians. For example, in describing the kinds of children who typically are brought into his clinic for help, Allan O. Ross (1959) notes that he has had to deal with three major types of problems: those children manifesting withdrawn behavior; those children manifesting aggressive behavior; and those children manifesting bizarre behavior. Two of these three categories described by Ross obviously correspond to similar categories contained within the models developed by Horney and Phillips. The third category given by Ross does not relate well to that of turning toward others and self-indulgence, although, in his book The Practice of Clinical Child Psychology (Ross, 1959) he seems to discuss children with this general type of problem under all three of his behavior problem categories.

From the above brief description of a representative sample of the many attempts at model building by those concerned with mental illness, it is apparent that the three major clusters of behavioral symptoms are those of withdrawal, impulsivity, and dependence. Beginning with an acceptance of this basic dimensionality, the present paper represents an attempt to relate the development of childhood behavior problems to a developmental theory of the acquisition of psycho-social skills in children. What follows is based upon a synthesis of the thinking of many workers in the fields of personality theory, abnormal psychology, and mental health. The most obvious and substantial influence on the ideas expressed in this paper has come from Erik Erikson (1950).

The Present Position

It is the major thesis of the present paper that in order to understand the meaning of severe behavior problems evinced in so many young children, it is necessary to determine where the process of the psycho-social development of the child has broken down. The child who shows severe behavior problems has not completely acquired the skills needed in order for him to adequately get along with others.

Further, it is maintained that each of the major types of behavior problems, withdrawal, impulsivity, and dependence, is the result of a major disruption at a specific point in the psycho-social development of the child. In other words, the three types of behavior problems are related to the progress, or lack of it, of the child through three corresponding stages of psycho-social development, which represent to a child a certain type of problem, the successful solution of which enables him to progress to the next highest level of development. Behavior problems occur in children who have failed to reach adequate solutions to the problems presented to them within each stage of psycho-social development.

STAGE 1: The Development of Basic Trust

During the first stage of psycho-social development, which takes place roughly between birth and 18 months of age, the infant and young child must face the problem of establishing a basic trust of others. A critical period exists during this time when the young child must learn to seek gratification from others, a time when he must learn that other people can be major sources of pleasure.

The most important way in which a child comes to establish basic trust of others is, of course, through the

establishment of the relationship with his mother or mother figure. Psychoanalytic writers have suggested that the prototypic experience in this area is centered around the feeding situation and the pleasurable consequences which are associated with eating. The basic feature of this experience is that the child experiences the rise and fall of discomfort as it is associated with the increase and decrease of hunger. Immediately following a feeding, a child's discomfort decreases rapidly and for a period of time he is comfortable. Gradually, as the time increases from the point of the last feeding, the child experiences more and more discomfort associated with increased hunger. Then, at a more or less predictable point in time, there is another feeding period and the child again experiences a marked decrease in discomfort. This regular occurrence of increased discomfort, feeding, and increased comfort occurs several times each day and is always associated with the regular appearance and disappearance of mother. That is, during the period of discomfort there is a tendency for mother not to be present, and when this discomfort is being relieved (i.e., when the infant is being fed), there is a tendency for mother to be present. Mother becomes associated, then, several times each day with the rapid decrease

of discomfort and rapid increase of comfort. Through a simple conditioning paradigm, mother as a complex stimulus comes to represent pleasure. There should be no surprise then that very quickly the child essentially becomes hooked on the appearance of mother and comes to feel very negative about the disappearance of mother. Mother becomes, in other words, a very powerful secondary reinforcer.

The implication that may be derived from the above reasoning is that through the association of the regular appearance of mother with increased pleasure, the child establishes a basic reliance on others for a major portion of his gratification, and that it is this reliance which forms the very core of basic trust. Basic trust may be defined, then, as the acquisition of the ability to find other individuals pleasurable.

Undoubtedly, mother comes to be associated with many other positive experiences (e.g., such as physical stimulation), and these additional experiences must also aid in the establishment of the child's feeling of basic trust.

The establishment of basic trust has its roots in the mutual gratification that is developed in the relationship between the mother and her infant. With the establishment of this basic trust, important contingencies can be set up

by the mother that will lead to the further psycho-social development of her child. Without the establishment of this trust, it is extremely difficult to control and thus shape the behavior of a young child. If, for instance, the mother or mother substitute has not been adequately associated with the pleasures normally attendant upon the feeding situation, and further, if she has similarly failed to be associated with other pleasurable situations on a regular basis, she obviously can not have secondary reinforcing properties for the child. This would make it much more difficult for her to positively reinforce the behavior of her infant. A further complication that increases the seriousness of the situation is the simple fact that an infant who is not learning that others are important sources of gratification must devise other methods for obtaining gratification, which would very likely involve massive self-stimulation behaviors.

A child who has failed to learn this basic need for others, who is entirely unconcerned about establishing any kind of a relationship with other individuals primarily because they simply have not been a source of pleasure in the past, fits the traditional description of autism. The major symptom of autism is generally agreed to be that

of withdrawal from contact with other human beings. In most cases, this withdrawal is of a very active sort, even to the extent that a severely autistic child will resist contacting others, including even simple eye contact. Autistic children simply do not find other human beings positively reinforcing. They do not respond to warm words of affection, praise, attention, and even the physical contact available to them from their parents.

Children who have a major problem in establishing a basic relationship with others typically show some or all of the following behavioral symptoms within the elementary school setting. They are socially isolated and have no friends and often they appear to be preoccupied with some inner concern, which obviously reduces their ability to attend to what is going on around them. Related to this symptom is the often reported characteristic of showing inappropriate affect. And finally, these children often will engage in repetitious behavioral acts, such as rocking, presumably for their self-stimulation value.

STAGE II: The Process of Socialization

The second stage of psycho-social development normally occurs between 18 months and four years of age. It is during this period that the child must learn that there is

more to life than simply the immediate gratification of his impulses. The young child must come to understand that in most situations he will be required to delay the immediate satisfaction of his own needs because of the demands placed upon him from the outside. He must learn to compromise between the gratification of his own needs and satisfying the needs of others. In summary, it is during this relatively short period of time that a young child makes his greatest strides in becoming socialized. For the first time he comes into direct conflict with others in their own search for gratification and he acquires the first glimmer of understanding of the necessity of developing mutually beneficial arrangements with others in the distribution of pleasure.

It is perhaps meaningful to think of this second stage as constituting a critical period when the young child must learn to proceed in more and more socially acceptable ways in obtaining the gratification of his impulses. Of course it is possible that this social learning can occur at other, later periods of development; however, postponement of the socialization process adds considerably to the difficulty of its development, primarily because if a child fails to learn that it is going to be worth his while to make the basic compromises demanded of him by the laws

and customs of society, presumably he is learning that such compromises are not going to be worth his while. The child is simply not likely to remain in limbo while the representatives of society, that is the members of his family, huddle together to come up with a better offer.

As was true during the first stage of psycho-social development, the parent figures play an absolutely crucial role in training the young child to develop the basic social skills he will need in order to get along with others. The parent figures must maintain a relationship with the child which is rewarding to him. It is the parents, after all, who have the responsibility of demonstrating to the child that the compromises that are being demanded of him involving sometimes painful delays in impulse gratification are, in the long run, worth it. That is, delay of immediate gratification leads to greater pleasure later. Without understanding this basic postulate of life, it is extremely difficult, if not theoretically impossible, for a child to be shaped into an adequately socialized, fully functioning member of adult society.

It is also during this second stage of development that an important shift occurs in the child's motivational structure. Up to this point the child has been guided by

external controls administered primarily by parents. His behavior has been under the control of very gross, inefficient external conditions, adequate for an organism whose range of behavior is relatively restricted, but inadequate for an organism whose behavioral horizons suddenly encompass the whole world. During this stage, the child develops a kind of internal guidance system, which is based upon the old external system, but which can now be employed without restrictions of time and place. This system is written about by psychoanalytic workers as the superego, or conscience.

It is important to stress the fact that the development of this compact, internalized monitoring system by the young child is almost completely dependent for input upon the representations of what the real world is like made to him by his parents. If a child's parents have impulse control problems themselves, then very likely he will have similar control problems. If the parents are unhappy with the bargain they have struck with society over the modes of gratification they utilize to obtain pleasure, then their children will be similarly dissatisfied. From the above discussion, it is expected that massive problems developing during this second period of psycho-social development

involve both components of poor impulse control and faulty conscience development.

The prototypic activity in which the child and parent engage during this second stage of psycho-social development is, at least in current western culture, toilet training. The natural mode of elimination of body wastes for the infant and young child is simply to evacuate whenever and wherever the urge should present itself. Presumably, evacuation is an extremely pleasurable experience for the young child, one that he does not naturally desire to restrict. The parent figures see the toilet activity of their child from a different perspective. While the child is intent on maintaining control over the occurrence of this pleasurable activity, the parents are insisting that it occur only under certain conditions of time and place. The missing ingredient up to this point in the narrative is mention of the price that the parents are willing to pay for the desired change in the toilet activities of their child. In most cases, a mutually agreeable bargain can be struck without a great deal of trauma on either side. Sometime during their second year, most young children begin to find it very rewarding to be able to earn the praise of their parents for being "grown-up", and will gladly give up some of their freedom in the area of toilet activities if praise were part of the deal.

There are two major ways in which problems can develop during this second stage of psycho-social development. First, parents can simply fail to make a child feel that socialization, and the compromises that it entails, is worth it. In the area of toilet training, perhaps the parent has been too harsh and impatient with the child and has failed to understand the reciprocity involved in the socialization process. Since the child has no hope of compensatory gratification under these conditions, he is not likely to easily modify his toilet behaviors. A second way in which problems can occur during this period is where the parents are able to provide the new alternative routes for the child to obtain gratification, but they fail to gently close down the originally unacceptable routes. In these situations the parents fail to provide sufficient controls over the environment to shape the desired behavioral outcome. Children developing under these conditions also appear to lack the basic social skills they need to get along with their peers, but for very different reasons than those children that grew up under overly harsh conditions.

There are many other kinds of activities that parents and children engage in during this period that have the effect of providing the child with the opportunity to learn

about compromise and delay of gratification. However, where all these activities lead to a response on the part of the parents of either extreme harshness and lack of affection, or extreme passivity and indifference, the young child fails to learn that compromise and delay are required of him not only by his parents, but far more importantly, by society at large.

Without adequate learning having taken place during this second period of development, a child develops the second major type of behavior problems outlined in the present model. This behavior problem type is characterized primarily by lack of impulse control, the inability to delay gratification. Associated behavioral symptoms that might be observed within the school setting include extreme aggressiveness, inability to empathize with the feelings and ideas of others, periodic violent destructive behavior, particularly when the child has been frustrated from reaching a desired goal, extreme lack of "manners" in a wide variety of social situations, inability to share with others, and general acting out behavior.

Individuals who have developed extreme behavior problems of this second type come to be labeled as character disorders, psychopathic, and juvenile delinquents. Whatever the label,

it is quite clear that these individuals who have failed to develop adequate impulse controls run a very high risk of placing themselves in direct confrontation with the institutions of society charged with the enforcement of compliance with the compromise situations represented in socialization. Rather than end up in institutions for the mentally ill with a diagnosis of psychosis, these individuals more likely end up in institutions of correction with the label of incorrigibly criminal.

Individuals who have been able to develop relationships with others that involve basic trust, who find others gratifying, but have run into problems in controlling the ways in which they seek their own pleasures, represent a somewhat higher level of psycho-social development than do individuals who fail to make the initial contact with other human beings. Related to this increased social maturity is a somewhat more positive prognosis for attempts at remediation. It should be easier to treat an impulse control problem child than a withdrawn child, according to our theory, and this should be reflected in the greater cure and significant improvement rates reported for treatment of the second behavior problem category children. This prediction is supported by reports from practicing clinicians, though it must be pointed out

that classic cases of impulse control problems are still exceedingly difficult to treat and success rates have not been impressively high.

STAGE III: The Development of Independence

The third and final stage of psycho-social development to be discussed occurs sometime during the period between four and ten years of age. Presumably, a child who has developed normally up to this point has learned to establish basic relationships with other individuals, which means that he has discovered that others can be major sources of pleasure for him. He also has learned the basic skills of socialization, and even has internalized the rudiments of a set of prescriptions on how to live the good life, or at least the proper life. He has learned to handle the delay of gratification of his own impulses. This child is now ready to face the third and perhaps the most difficult problem in his development toward optimal adjustment and mental health. He must do more than simply live by the rules. He must somehow develop a style of life that goes beyond the prescriptions for the good life given him by his society. He must live in new and creative ways.

Once again it is quite evident how crucial is the role the parents must play in assisting their child to reach

solutions to this problem of the development of mature independence. The child has just passed through the stage of development where he has learned that he must compromise with society in the ways in which he approaches the gratification of his own needs, and now he must learn how to extend his life style to express his own basic being. In order for this growth to be possible, the parents must continue to provide the child with affection and support while at the same time they must allow him to move ahead and develop independence. For many parents, it is at this point that they experience their most difficult task, that of allowing their child to leave home to seek more age-appropriate sources of gratification. During this period of time the parents are called upon to help the child experiment with his newly acquired interpersonal skills, while at the same time realizing that if the child is successful in his experiments, they, the parents, may lose an important source of their own pleasure. The parents may have become so deeply involved themselves in the exchange of gratification with their child that the prospects of his leaving home pose as much, if not more, of a loss for them than for the child. The availability of new love objects is after all much greater for the

child than for the parents. Insofar as the parents have been able to develop for themselves mature and far-reaching sources of interpersonal gratification, to that extent they will be able to allow their child to alter the basic affectional economy previously established between them.

If there is a prototypic activity that occurs during this period of time from which the child gains his major solutions to this problem of gaining independence, perhaps it is the one that involves his physical separation from his family. It is during this period of time, from four to ten years of age, that the child begins to spend more and more of his time away from the physical presence of members of his family. This can only be a comfortable situation if the child is assured that first, this separation is temporary, and second, that it is fully sanctioned by his parents. He must be assured that when he returns everything will be as it formerly was. Very obvious behavior problems can occur temporarily in otherwise very healthy children during certain crises which represent to the child a threatened loss of attention and affection from his parents. The sudden emergence of a sibling in the home can cause a child during this period of time to feel that he has been in fact separated, at least psychologically, from the major source of his

gratification. Various possible behavior problems can occur as a result of this experience. The child can regress and display very immature, perhaps very aggressive behaviors during this period of time in an attempt to establish an earlier relationship that he enjoyed with his parents. Or, he may take the tack that the psychological separation that he is experiencing is due to the fact that he is not following closely enough the wishes of his parents. This would result in the child being overly-good and overly-concerned about following the rules set down by his parents. In healthy family situations this regression is only temporary and the family members are able to demonstrate to the older child that in fact the separation that he has experienced is not serious or long enduring, and in fact his basic source of gratification is quite secure. Though methods by which parents may demonstrate their continued affectional support for their child vary considerably from family to family, it is clear that this reassurance has very little to do with simple verbal remonstrations.

Though some children may even appear to be less dependent upon their parents during this period of time, this observation may be quite misleading. It is very difficult for a child to take this next step in his psycho-social

development without the very firm support of his parents, and an over-protective parent who with seemingly the best of intentions denies his child the freedom to explore new alternatives to obtaining gratification, very likely will find himself with a child who is overly dependent. The child who fails to receive this basic support during this critical time is the child who develops a behavior problem of the third type. This is the child who appears overly dependent, shy, nervous, overly-anxious. It is the child who is continually in need of parental support and guidance. This is the child who has been made to feel that he cannot take steps on his own to solve his own problems, but rather he must continually check with the authority figures. Other symptoms might include over-cautiousness, excessive crying, excessive use of defense mechanisms, sex-role identification particularly in males, and, in many cases, obvious self-depreciation. These children with the third type of behavior problem might well be labeled neurotic.

These behavior problems that stem from faulty psycho-social development during this third stage are in a sense far more sophisticated than those problems that originate from disruptions in the earlier stages of psycho-social development. This is due to the fact that these third stage

problem children have already progressed further in their over-all development than any of the other problem children and have acquired relatively far more advanced social skills than the other children. The treatment implications of this prediction are obvious, because these overly dependent children have the least distance to go from the point of their behavioral disability to the point of acceptable adjustment. Although there is clinical support for the contention that neurotic, dependent, anxious children are easier to treat than are either autistic or impulse control problem children, those disabilities that cluster together to form this third major category of behavior problems are sufficiently serious to be every bit as debilitating to the normal, happy growth of children, if left untreated, as are the two other, more dramatic behavior pathologies.

Discussion

An important implication of this developmental theory of childhood behavior problems is that the acquisition of adequate skills at one stage of psycho-social development implies the cumulation of prerequisites. A child cannot move on to a more advanced stage of psycho-social development without first having made some significant progress during

all of the earlier stages. The implications of the above reasoning for treatment of childhood behavior problems are striking. To successfully treat a child with severe behavior problems it is necessary to assist him in completing his psycho-social development, and the prognosis of any given case is related, at least in part, to the point at which the remediation begins along the continuum of psycho-social development. The further back the remediation starts, the further the distance the child must be brought through the effects of treatment, and the more difficult is the task of treatment. Children who are the most developmentally retarded in the acquisition of social skills have the least favorable prognosis. Autistic children, being the most primitive in their psycho-social development of all behavior problem children are the most difficult children to treat, according to the theory. This prediction is well substantiated in the reports of the clinical experiences of those individuals working with disturbed children. There are virtually no unqualified successes reported in the literature of treatment outcomes with adequately diagnosed autistic children.

One additional point must be made in reference to the occurrence of the classic examples of each of the three types

of behavior problems discussed above. It is recognized that the actual frequency of each of these behavior problem types is quite low. There are, after all, very few classic cases of autism. And presumably, there are correspondingly few instances where individuals fail totally to establish some type of affectional relationships with other people. However, the number of individuals who show some of the signs of a disturbance in their ability to relate warmly to others is relatively very large, indicating that the behavioral disorders being considered do not represent dichotomous entities, where you either have it or you don't, but rather they represent continuous variables. For example, the degree of basic trust developed within each individual among a very large group of individuals might well range from practically zero, in which case that individual would indeed be diagnosed as a classic case of autism, through complete development of basic trust, in which case such an individual would be the epitomy of adjustment and mental health. Most individuals, however, would fall somewhere between these two extreme points, with some individuals showing rather severe limitations in their development of basic trust of others, and still others demonstrating only mild defects in this area. The question of the prognosis associated with a particular behavior

problem, then, involves not only the determination of the point at which the disruption of psycho-social development occurred, but also the extent of the disruption. Conceivably, a child who has developed a behavior problem during the third stage of psycho-social development may in fact show a far more severe disorder than a child who has developed a problem during the first stage of development. The deciding factor is the degree of disruption that causes the behavioral disability in each case.

The model of childhood behavior problems that has been described above is clearly developmental in nature. Presumably, this means that once an individual has adequately passed through a stage of psycho-social development and gone on to more advanced levels, his behavior problems, if he develops any at all, should be of a type consistent with his advanced level of social maturity. But what of the innumerable cases reported in the professional clinical literature of individuals who have at one point apparently reached a high level of social maturity, only to regress to a much lower level of development? There are several possible explanations for these seemingly troublesome reversals. First, of course, is the very real possibility that many behavior problems are not only related to the quality of the

learning environment in which the individual develops, but also have a very significant somatic component. The occurrence of the physical complaint could conceivably exacerbate the behavior problem at any point during an individual's life. Among the schizophrenias, particularly simple schizophrenia, this is thought to be a very likely etiological possibility.

Another possible explanation for the late development of severe behavior problems after social development has apparently proceeded if not optimally, at least within normal limits, is that the entire social development of an individual may be at best tenuous and only superficially appears to be normal because of the peculiarly protective environment in which he resides. Then, suddenly, new pressures are applied to the individual which requires him to respond in truly an age-appropriate manner in his relationships and at this point the true depth of the paucity of his social skills are finally recognized. An example of this process is the instance where an individual has developed an affectional relationship with his mother in such a way that he has never generalized his affectional feelings towards his mother to other human beings. Then, at some point during his life

when his mother is suddenly separated from him, either through the normal demands of the environment or perhaps through her death, the individual must then deal with the fact that he has lost the major source of his gratification and must now resort to obtaining pleasure in other ways. In striking out in what must be an extreme panic situation, it does not seem unreasonable to expect that the individual would indeed regress in the level of his behavior in his attempt to replace the very fountainhead of his entire motivational existence.

One final point of discussion. It is obvious that the three stages of psycho-social development selected for exposition in the present paper do not represent discrete points in time in a child's life, but rather are more like plateaus along a continuum that represent the entire range of his early psycho-social development. An important implication of this fact is that in many instances it is extremely difficult to precisely pidgeon-hole children on the basis of the behavior problems that they display. Many children slip between two of the three major problem categories displaying behavior symptoms from both. Actually, it is to be expected that the group of children who show a mixed symptom picture would be quite large. Those children who experience only

partial disruption in their psycho-social development at one stage are able to move ahead to some undetermined extent in their development at the next stage. Their final behavioral pathology is one of a potpourri of symptoms, each originating from a different facet of the disruption of the total process of psycho-social development. Though these children may be esthetically displeasing to the model builder, they actually are encompassed by the model equally as well as are the children who display the more "pure" or classic symptomotology. After all, with a diagnostic device that is attuned to the continuous nature of the variables under discussion, remediation procedures can be appropriately assigned without ever having to place a child within any one behavior problem category.

This paper has been an attempt to relate the major types of behavior problems encountered in children to a theory of psycho-social development. It is hoped that the description of these relationships will promote greater understanding of those behavioral disabilities that are encountered so often among the school-age population of children, and that greater understanding will, in turn, lead to sharper diagnostic procedures and more effective treatment and prevention.

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Schematic Representation of Model of Psycho-Social Development and Related Behavior Problems

Estimation of Chronological Age	Life-Problem To Be Faced	Major Role Orientation (Horney	Prototypic Experience	Major Behavior Problem Category	Related Behavioral Symptoms	Related Psychiatric Categories
0-18 Months	Establishment of Basic Trust	Turning Away from Others	Feeding Situation	Withdrawal, Avoidance of others	Socially isolated, Often pre-occupied, Inappropriate affect, Repetitious and/or bizarre behaviors, Withdraws from outside contact	Autism, Schizophrenia, Psychosis
18-48 Months	Socialization	Turning Against Others	Toilet Training	Impulsive, Self-indulgent	Overly aggressive, Poor impulse control, Destructive, Cruel, Does not plan ahead, Poor delay of gratification	Character disorder, Psychopathy
48-96 Months	Development of mature independence	Turning Toward Others	Separation from home	Dependent, Self-deprivation	Overly cautious, Shy, Shows anxiety in many situations, Overly-dependent on others, Self-depreciatory	Neurosis, Anxiety reaction